

**GIFT CERTIFICATE**  
***KG-NY Restaurant Group***

**REQUEST FORM**

TEL: 212 240 9557 x 10  
FAX: 212 240.9941

**Purchaser Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Gift Certificate Information**

Name: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

**Signature:**

**Date:**

I authorize Wallse/Blaue Gans/Cafe Sabarsky/Cafe Kristall (CIRCLE ONE)

to charge me the amount of \$ \_\_\_\_\_ on the Credit Card above.

**MESSAGE FOR CERTIFICATE:**

**CIRCLE ONE:**

I would like my gift certificate mailed to the recipient.

I would like my gift certificate mailed to the purchaser.

I will pick up my certificate at (restaurant name) \_\_\_\_\_ restaurant  
on \_\_\_\_\_ (please specify date and time).